

**Meeting Minutes for the
Governor's Council on Behavioral Health**

Thursday, December 11, 2014

Public members present: Sandra DelSesto, James Gillen, Chaz Gross, Rich Leclerc, Bruce Long, Cheryl Patnaude, Anne M. Mulready, Cherie Cruz, Sarah Dinklage.

Appointed members present: David Spencer (CEO of DATA of RI).

Statutory members present: None.

Ex-officio members present: Raymond Neirinckx (OHCD/HRC); Chris Strnad and Ruth Ann Dougherty (DCYF); Denise Achin and Alice Woods (Department of Education); Colleen Poselli (DOH); Marlanea Peabody (EOHHS); Linda Mahoney, Anna Meehan, Elizabeth Kretchman, Linda Barovier (BHDDH).

Guests: Garry Bliss & Deb O'Brien (TPC); Susan Jacobson (MHA RI); Elizabeth Conley & George O'Toole (Anchor); Lisa Conlan (PSNRI); Karen Jeffreys (RI Coalition for the Homeless); Diane Dufresne (Pawtucket Prevention Coalition), Jackie Burns (MHA RI).

Staff: Jim Dealy, Linda Harr.

Review of Minutes (Rich Leclerc)

A warm thank you was extended to the Kent County YMCA and to Anchor Recovery for hosting today's meeting. A quorum being present, the meeting was called to order. The Minutes of November 10, 2014, were reviewed. There being no other corrections, the Minutes were approved as submitted.

Committee Reports (Sandra Delsesto)

Prevention Advisory Committee

The Prevention Advisory Committee will meet again on January 20th and a report on the work of the Evidence Based Practice Workgroup, a working group of the PAC, will be provided to them at that time.

Evidence Based Practices Workgroup

The Evidence Based Practices Workgroup is currently working on developing standards and protocols to determine if programs, policies or practices are evidence based. The group met first on October 8 and will meet again today (December 11). Their current task is to develop guidance and protocols to be used to determine whether a particular program, policy or practice meets minimum standards for being evidence based intervention. The immediate focus is substance

abuse prevention because this panel was required by the Partnership for Success which is administered by BHDDH. The guidance and protocols will then be reviewed for applicability to other areas of behavioral health.

Recovery Works (Garry Bliss): This is a new Coalition. The mission of the Recovery Works Coalition is to change the way our community understands, responds to, and treats the disease of addiction because addiction is everyone's business. The lives of all Rhode Islanders, including our own, are touched by substance misuse whether it be personally, through friends, family, co-workers, or community members. Addiction and substance misuse disorders are diseases and should be treated like other chronic diseases such as diabetes, high blood pressure and heart disease. Treatment of substance use disorders requires flexible interventions, programs and treatments. Recovery Support Services are a critical component of maintaining long-term recovery and reducing the risk of relapse.

How we begin to address these issues starts with affordable housing. We now have dedicated state funding on an annual basis for affordable housing. Efforts such as this assist in helping people understand that this is a problem that **can be solved**. It is within our capacity to make a difference. If you can connect people to treatment and then after treatment connect them over to a lifetime access to recovery, recovery becomes reality.

The Coalition partners will collect, analyze, and synthesize data from federal, state, local and organizational sources to be used in education, persuasion, and communication efforts of the Recovery Works Coalition. These analyses will allow the Coalition to document the economic and societal cost of addiction and the promise of recovery. In addition to the toll substance use disorders take on individuals, family and society, substance use disorders cost the United States an estimated \$276 billion a year, with a significant amount of this expense resulting from lost productivity and increased health care spending.

The Coalition is also seeking to identify how programs and resources might be folded into the budget regarding proposals that will be presented to the new Governor during the transition.

The Coalition has reached out to the not-so-usual organizations for recruitment. Currently committed organizations include previously not utilized resources in business, labor, healthcare, treatment & recovery, community-based organizations, government and community leaders. A few such examples include the following: Greater Providence Chamber of Commerce, RI Manufacturers' Association, Rhode Island Society of CPAs, Rhode Island Building Trades and Construction Trades Council, Rhode Island Medical Society, Greater Providence YMCA, and many government and community leaders. A list was provided with all current members. Active recruitment of new members is ongoing. It will cost you nothing and/or as much as you want. There is no financial requirement. If you are contacted in the future, it is your choice to respond if you wish or do not wish to assist financially. It terms of time investment that is up to each

member. Forms were distributed for referral of new members. The Recovery Coalition envisions a Rhode Island where those fighting addiction have a lifetime guarantee of access to recovery support services.

Garry can be reached at (401) 528-0160 or emailed at gbliss@provctr.org for any questions or possible participants.

Zero 2016 (Karen Jeffries): Rhode Island’s “Zero 2016” campaign is part of a national initiative to end homelessness among veterans and chronically homeless people by 2016. It recently held a “Registry Week” with the goal of counting as many homeless individuals as possible, assessing their vulnerability using the Vulnerability Index and entering them onto a housing waitlist that prioritizes them for housing based on how at risk they are. 500 “Registry Week” volunteers went out statewide for 3 nights in November. 676 homeless individuals participated in the assessments and were registered. At this point, 855 vulnerability assessments have been done, and more continue. The homeless people who were interviewed ranged from ages 19 to 85. 68% were White, 23% Black and 16% Hispanic. 68% were male with 32% being female. 61% of those assessed were disabled. 73% were single.

The report of health related issues included frostbite, heatstroke, heart disease, emphysema, diabetes, asthma, cancer and hepatitis. 51% had required psychiatric treatment and 61% said they had substance abuse issues. 42% had experienced trauma for which they had never received treatment.

Perhaps the most staggering information revealed the reoccurring costs resulting from unresolved homelessness. This was reflected in reports covering the last 6 months:

ER Visits -----	3,815 visits by 545 clients
Police Interactions -----	2,804 incidents by 336 clients
Ambulance runs -----	2,797 runs by 347 clients
Inpatient hospitalizations -----	2,761 admissions by 276 clients

Rhode Island has been chosen by the national Zero2016 campaign as a participating community, and has pledged to accelerate its housing efforts in order to achieve these goals. Zero 2016 Rhode Island is trying to mobilize public support to end homelessness and is asking as many individuals and organizations as possible to sign an Endorsement of the project (the endorsement form is attached to these minutes).

FCCP outcomes (Chris Strnad/Barbara Guglielmo): FCCP (Family Care Community Partnerships) was established in 2009 by DCYF to promote activities at the community level. There are currently 1249 active families. The partnerships are designed to strengthen and support families whose children are at risk of:

1. Abuse and/or neglect
2. Who have a serious emotional disturbance (SED), and/or
3. Who are involved with the RI Training School.

The values and principles of the FCCP System of Care include:

1. Child-centered, youth-guided and family-driven,
2. Individualized and strength based
3. Cultural and linguistic competence
4. Trauma informed
5. Community based
6. Collaborative
7. Wraparound.

The FCCPs are served by providers in 4 regions of Rhode Island:

1. East Bay
2. Northern RI
3. Urban Core
4. Washington Kent

The goals of the FCCPs included:

- Increasing child and family strengths and functioning
- Completing a timely and comprehensive assessment for SOC services
- Initiating referred services, timely, tailored, quality, and appropriately matching to strengths and needs of family
- Providing culturally competent services
- Increasing the percentage of children who remain safely in their homes receiving community-based services despite their risk for out-of-home placement/removal.

The FCCPs had 1249 families active during the CY14 1st and 2nd quarters (active defined as opened at least 1 day or greater during the quarter. The total number of children served by the FCCP during these 2 quarters was 2302.

- 29% of children/youth served are Caucasian/White followed by 5% African American/Black.
- 17% of children/youth are of Hispanic origin.
- Median age of child is 7 years of age.

- 78% of children speak English as their primary language. The 2nd language spoken is Spanish.

The next steps of FCCP will include:

- Ongoing program evaluation
- Continuous quality improvement
- Fidelity to Wraparound practices
- Reassess targets for outcome measures
- Building community involvement in the regional and statewide FCAB's.

It was requested that a report be provided to the Council on how many families are processed through intake and how many exit the system.

Update from EOHHS (Marlanea Peabody) Since the beginning of the Medicaid Expansion, there have been in excess of 40,000 new applications monthly. 12% were previously known to the Medicaid system. 2200 came from the Department of Corrections after release. 13,900 have received adult dental care. An updated report will be provided at the next meeting.

Update from BHDDH (Linda Mahoney): The Director and his support team have been actively engaged in submitting transitional reports to the new Governor.

No response has yet been received regarding the SIM grant proposal.

Linda described the Transitions to Recovery grant.

Linda described the use of Vivotrol, which reduces drug/alcohol cravings for longer and is more accessible than other such drugs.

BHDDH is currently planning an all-day event with SAMSHA being a presenter.

Six Ground Rounds were recently completed sharing with physicians the issues of recovery.

A question was asked about whether enough physicians are enrolled in the Medication /prescription registry to reduce the flow of prescription opiates to abusers. 48% of medical providers have currently enrolled in the medication/prescription registry. Unfortunately, most are not using it.

Old/New Business (Rich Leclerc): Rich advised that four names and resumes have been submitted to the Governor's Office for appointment to fill the vacant positions currently on the Council. They include George O'Toole, Brian Sullivan, Maxine Heywood, and Esther Picone. We are hopeful these nominees will be accepted prior to the Governor's transition.

The meeting was adjourned by vote of the members.

Next Meeting: Tuesday, January 13, 2015, 1:00 P.M.

Barry Hall

Conference Room 126

14 Harrington Road, Cranston, RI 02920

Statutory and Public members, please let Jim Dealy know if you cannot attend

This meeting is open to the public.

If you plan to attend and you require special accommodations to ensure equal participation, please contact Jim Dealy at the Division of Behavioral Healthcare Services at 462-0118.